

## DEALER EDUCATION PROGRAM PROVIDER MONTHLY CLASS ENROLLMENT ROSTER

**NAME OF PROVIDER:** \_\_\_\_\_ **MONTH:** \_\_\_\_\_ **YEAR:** \_\_\_\_\_

*The below listed participants have successfully completed a dealer education course in accordance with the provisions of Section 11704.5(c) of the California Vehicle Code.*

PARTICIPANT'S NAME	COURSE COMPLETED	CLASS DATE AND TIMES	CLASS ADDRESS	DEALER NUMBER & NAME
NAME	<input type="checkbox"/> Pre-Licensing	DATE	ADDRESS	DEALER NUMBER
MAILING ADDRESS	<input type="checkbox"/> Continuing Education <input type="checkbox"/> Online/Home Study	BEGINNING/ENDING TIME	CITY STATE ZIP CODE	DEALER NAME
NAME	<input type="checkbox"/> Pre-Licensing	DATE	ADDRESS	DEALER NUMBER
MAILING ADDRESS	<input type="checkbox"/> Continuing Education <input type="checkbox"/> Online/Home Study	BEGINNING/ENDING TIME	CITY STATE ZIP CODE	DEALER NAME
NAME	<input type="checkbox"/> Pre-Licensing	DATE	ADDRESS	DEALER NUMBER
MAILING ADDRESS	<input type="checkbox"/> Continuing Education <input type="checkbox"/> Online/Home Study	BEGINNING/ENDING TIME	CITY STATE ZIP CODE	DEALER NAME
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